

PERSONAL ASSISTANCE SERVICES

MONTANA MEDICAID

MARCH 1999

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A. INTRODUCTION & LEGAL BASE

The personal assistance program is an optional Medicaid program authorized by Section 1905 (a) (18) of the Social Security Act and 42 CFR 440.170 (f) to help people who are aged or who have disabilities to remain in their home.

B. GENERAL PROVISIONS AND SERVICES

NOTE: The Department publishes a detailed policy manual for this service. The following general provisions are provided as a courtesy. Additional information can be obtained by reviewing the policy manual.

Personal assistance services are medically necessary in-home services provided to recipients whose chronic health problems cause them to need assistance in performing activities of daily living.

1. Personal Care - Activities related to the recipient's physical health and personal hygiene. Examples of personal assistance activities include bathing, (un)dressing, eating, grooming, routine hair and skin care, toileting, help with self-administered medication and transfer/ambulation.
2. Meal Preparation - Activities related to the provision of food according to the recipient's needs and wishes. Examples of meal preparation activities include planning menus, storing, preparing and serving food.
3. Household Tasks - Performing incidental household tasks essential to the maintenance of the recipient's health and safety in the home. Examples of household tasks include housecleaning, laundering, washing dishes, hanging bed linens, shopping for essential health related items and arranging furniture. The household tasks shall not include basic homemaker services, which maintain an entire household or family. It is expected that when a recipient lives with a family that the family will provide most homemaker services. Household tasks may not account for more than one-third of the total hours authorized per week. Household tasks are available only in conjunction with personal assistance services.
4. Escort - Accompanying the recipient on trips to obtain Medicaid reimbursable medical services when the recipient requires personal assistance services enroute or at the destination, and a family member or caregiver is not available.

Personal assistance services shall be provided only in the recipient's place of residence which includes their own home, a foster home or a group home. Personal assistance services provided to recipient's who reside in licensed foster or group homes must be prior authorized by a Regional Program Officer (RPO) of the Department. Personal assistance services shall not be provided to an individual residing in a hospital, nursing facility, intermediate care facility for the mentally retarded, or a licensed personal assistance facility.

Members of the recipient's immediate family may not be reimbursed for providing personal assistance services. Immediate family includes husband or wife; natural parent, child or sibling; adoptive parent or adopted child; stepparent, stepchild or step-sibling; father-in-law or mother-in-law; son-in-law or daughter-in-law; brother-in-law or sister-in-law; grandparent or grandchild; foster parent or foster child.

A personal assistance services plan must be developed by a licensed nurse and approved by a physician. The recipient's physician must renew their approval at least every 12 months.

C. SPECIALLY TRAINED ATTENDANTS

A Specially Trained Attendant (STA) is available for individuals whose needs require a higher level of training. This service is available only under the Home & Community Based Services program. There are special procedures and billing instructions that apply to this program. Refer to the HCBS provider manual for information regarding the program.

D. REIMBURSEMENT

Payment for personal assistance services is \$ 2.72 per unit of service.*

Each recipient is eligible for no more than 160 units or 40 hours of personal assistance services per week. The Department may in certain circumstances, authorize hours in excess of this limit on a temporary basis. Additional hours must be prior authorized by the Department's regional program officer (RPO). A list of RPOs is included in Appendix A of this manual.

*** A unit of attendant service is 15 minutes and means an on-site visit specific to a recipient. A unit of nursing service is 15 minutes and means an on-site visit and related activity specific to that recipient.**

E. NURSE SUPERVISION

A licensed nurse must supervise the attendant in the delivery of personal assistance services. The supervisor must make a home visit at least every 180 days to review the plan of care, to determine the quality of services provided and to provide only necessary training to the attendant.

All service delivery records must be reviewed and approved by the supervising nurse, or a designated agency employee. The attendant may only be paid for the hours and tasks authorized by the supervising nurse.

F. MILEAGE

Reimbursement for mileage is allowed when providing medical escort or shopping services from the recipient's point of departure to the destination and return to the recipient's point of departure. Shopping is limited to groceries, pharmaceuticals and DME pickup. Escort is limited to Medicaid reimbursable medical services.

Mileage is reimbursed at \$.31 per mile.

G. HOME AND COMMUNITY BASED SERVICES (HCBS WAIVER)

Personal assistance services are available under the Home and Community Based Services Program. Personal assistance services provided to HCBS recipients must be treated separately. There are special procedures and billing instructions that apply to this program. Refer to the HCBS provider manual for information regarding this process.

H. BILLING INFORMATION

All personal assistance claims are submitted on the HCFA-1500 claim form. Refer to the provider manual section for instructions on completion of the HCFA-1500 form. These instructions must be followed exactly as detailed in the manual section. That manual section is printed on pink paper.

The Department contracts with Consultec to process all Medicaid claims. Their address is P.O. Box 8000, Helena, MT 59604. Their toll-free telephone number is 1-800-624-3958. Their regular telephone number is 442-1837. **Questions about claim status and billing instructions should be directed to the provider relations staff at Consultec.** The provider relations staff can be reached at the phone numbers listed above. Do not hesitate to call if you have questions.

Electronic billing is available for Medicaid claims. Please contact the EMC department at Consultec for details.

If claim forms are completed correctly, payment is received in three to four weeks from the date that Consultec receives the claim form. No inquiries about payment should be made until 30 days after the claim has been submitted to Consultec.

When calling provider relations with questions about the filing of claims or payments, the provider agency should have a copy of the claim form and their provider and recipient numbers available.

Medicaid payment for personal assistance services is payment in full. The provider agency shall not bill the recipient for additional payment.

I. TIMELY FILING LIMIT

The Montana Medicaid filing limit is twelve months. Providers must submit a "Clean" claim within 365 days of one of the following:

1. date the service was performed;
2. date applicant's eligibility is determined;
3. date client's disability is determined.

Date of submission is the date the claim is received at Consultec or the Department for processing. **A claim lost in the mail is not considered received.**

A "Clean" claim is one which can be processed for payment without correction, additional information, or documentation from the provider of service.

J. PROCEDURE CODES

DESCRIPTION	PROCEDURE CODE
Attendant - 15 minutes	Z0566
Nurse Supervision - 15 minutes	Z0567
Medical Transportation - Mileage	A0080

APPENDIX A

REGIONAL PROGRAM OFFICERS

EFFECTIVE JANUARY 1, 1999

Diane English-Castona Senior & Long Term Care Division 3075 North Montana Avenue Helena, MT 59601 Phone: 444-1707 Fax: 444-9659	Broadwater, Jefferson, Lewis & Clark, Meagher, Powell, Montana State Hospital Long Term Care Unit
Amy Gentry Senior & Long Term Care Division 1610 S. 3 rd W, Suite 202 Missoula, MT 59801 Phone: 329-5426 Fax: 329-5490	Mineral, Missoula, Ravalli
Susan Howe Senior & Long Term Care Division 207 West Bell Glendive, MT 59330 Phone: 377-6252 Fax: 377-5917	Carter, Custer, Daniels, Dawson, Fallon, Garfield, McCone, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Valley, Wibaux
Lalla Chadwick Senior & Long Term Care Division 202 South Black Bozeman, MT 59715 Phone: 586-4089 Fax: 587-7863	Gallatin, Madison, Park, Sweetgrass
Nancy Mortag Phone: 453-8902 Deljean Wadsworth Phone: 453-8975 Senior & Long Term Care Division 1824 10 th Avenue South Great Falls, MT 59403 Fax: 454-6084	Blaine, Cascade, Choteau, Fergus, Glacier, Hill, Judith Basin, Liberty, Petroleum, Phillips, Pondera, Teton, Toole
Jeanette Progers Senior & Long Term Care Division 700 Casey Butte, MT 59701 Phone: 496-4989 Fax: 782-8728	Beaverhead, Deer Lodge, Granite, Silver Bow
Richard Rough Senior & Long Term Care Division P.O. Box 2357 Kalispell, MT 59903-2357 Phone: 755-5420 Fax: 751-5944	Flathead, Lake, Lincoln, Sanders
Kathy Wise Senior & Long Term Care Division 1211 Grand Ave Billings, MT 59102 Phone: 247-2650 Fax: 245-9437	Big Horn, Carbon, Golden Valley, Musselshell, Treasure, Stillwater, Wheatland, Yellowstone